

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		08-08-01
O.I.P.E. CLASSIFIER		29	9/10/01
FORMALITY REVIEW	H.S	866	09-10-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

(LEFT INSIDE)

JM/864  
 9/10/01